

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27465
3123

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-12-41-8-14-41
(Specify whether
In this community 68 years
years, months or days)

3. (a) PRINT FULL NAME MARSHALL SMITH

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased September 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days — If less than one day hr. — min. —

9. Birthplace Brunswick Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business —

MOTHER FATHER { 12. Name Deceased
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Deceased
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 18 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Highland C. M.

18. (a) Signature of funeral director Adkins Bros.
(b) Address 8200 E. 52th St. K. C. Mo.

19. (a) 8/18/41 (Date received local registrar) (b) M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2451 Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1941 hour 8 minute 33 p.m.

21. I hereby certify that I attended the deceased from 8-12-41 to 8-14-41
that I last saw him alive on August 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic heart disease with acute congestive failure

Due to Myocardial failure

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings: Of operations —
Of autopsy —
PHYSICIAN —
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury —

23. Signature — (M. D. or other)
Address — Date signed 8/18/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 31 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Edw. G. Evans

Licensed Embalmer No. 3836

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.